

**Par.1. Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 400-28 – Child Care Assistance Program (CCAP). This manual letter incorporates new policy and clarifications, spelling corrections, and minor wording changes as a result of Child Care Assistance Program statewide training in August, September and October 2011.

**Par.2. Effective Date** – Items in **Par. 3** (#1 thru #14) are effective November 1, 2011. Items in **Par. 4** are effective October 1, 2011.

**Par. 3.** This manual letter includes the following changes to the Child Care Assistance Program Policy effective November 1, 2011.

**1. 400-28-20-15, Timeliness Standards for Processing Applications:**

- New policy was added to define the period of time the eligibility worker can allow under the 'extenuating circumstances' provision.
- Wording was added to define the 15 day period begins the day following the date the signed application is received.
- Wording was added to clarify applications for the Child Care Assistance Program must be held until a decision is rendered for Diversion and Crossroads, in addition to TANF.

The processing timeframe for an application starts from the date the signed application is received in the county social service office. If the application month is denied or withdrawn and benefits for the following month are requested, the processing timeframe starts effective the first of the following month.

The Child Care Assistance Program (CCAP) does not require a face-to-face interview in order to determine eligibility.

A child care billing report form is not required to process an application.

~~Except in extenuating circumstances,~~ a A decision to either approve or deny an application must be made no later than 15 days following the day the signed and dated application is received in the county social service office unless extenuating circumstances exists. The first

calendar day following receipt of the signed application is day 1 of the 15 day processing timeframe.

If additional time is allowed due to an extenuating circumstance, the action must be taken no later than 30 days following the date of the application.

Formal action (either approval or denial) must be taken on each month assistance is requested. If an application is not acted upon within the 15-day time frame due to extenuating circumstances, the case file must contain documentation identifying the extenuating circumstances that caused the delay.

If all the information needed to determine eligibility is not provided with the application, the application must be pended and a notice sent informing the applicant of the documents required. The 'pend' notice must clearly identify the information needed for the application month as well as any prior month(s) being requested.

The applicant has 10 days from the print date of the pending notice to provide the required information/verifications. When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

An application that is pending for additional information cannot be denied prior to the 15th day following the date of filing or the end of the 10th day from the print date of the pending notice, whichever is later. However, if it is determined the applicant is not eligible, the application can be denied at any time prior to the 15th day.

If the applicant does not provide the information requested in the pending notice for **any** of the months requested, each month that was requested must be denied.

If the applicant provides information for one month but not the other month(s), the month that the information was provided for can be processed and the other month(s) must be denied.

- If the applicant who requested but is not eligible for child care for the prior month is eligible for the month of application, the prior

month is denied and the application is approved, effective the first of the application month.

- If the applicant who requested child care for the prior month is eligible for the prior month but not for the month of application, the prior month is approved, effective the first day of the prior month and the case is closed as of the last day of the prior month. The same application would be processed for the application month and denied.
- If the applicant who requested child care for the final two months of TANF is not eligible for the first month but is eligible for the second month, the application is denied for the first month and approved for the second month.
- If the applicant who requested child care for the final two months of TANF is eligible for the first month but not the second month, the application is approved for the first month and closed at the end of the first month. The same application would be use to process the denial for the second month.

Depending on the month of application, additional months may need to be processed using the same application.

An application may be withdrawn at any time prior to a decision being rendered. The request to withdraw the application can be made in writing or verbally by the applicant.

If an individual applies for CCAP and TANF, Diversion or Crossroads at the same time, the application for CCAP must be pended until TANF, Diversion, or Crossroads eligibility is known.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, requests CCAP for the prior month, and all information needed to process the prior month has been submitted, the prior month can be processed. In this situation the prior month is processed as Co-pay using actual income and a one month certificate issued. The case must be closed as of the last day of the prior month. The application month would be pended until TANF, Diversion, or Crossroads eligibility is known.

2. **400-28-20-20, New Application Required** – Added a new #3 and #4 further defining policy when a new application is required.

A new application is required in the following circumstances:

1. Upon a family's initial request for assistance;
2. When a Child Care Assistance Program (CCAP) case is in closed, or denied ~~or withdrawn~~ status (including applications that are denied due to being withdrawn) unless the closed, or denied, ~~or withdrawn~~ status was caused solely by administrative error;  
**Note:** A new application is not required when the Child Care Assistance Program is being requested for the month following the month of denial (see Section 400-28-20-25 New Application Not Required, #3).
3. When an application is denied due to the applicant's failure to provide information needed to determine eligibility.
4. When an application is denied due to being ineligible and the applicant did not request assistance for the month following the month of denial prior to the application being denied.
5. When there is a change in the caretaker;
6. TANF cases where child care is needed through the CCAP;  
**Note:** If a TANF recipient was using child care as an expense deduction while receiving TANF and the TANF case closes, due to retrospective budgeting the expense deduction was not used during the final two months of TANF. If the recipient needs assistance with child care expenses for the final two months of TANF, the recipient must apply for CCAP no later than the last day of the month following the month the TANF case closed.
7. When a case is closed for no review and the review form was not submitted in the month following case closure, thus resulting in a break in assistance of a full calendar month

3. **400-28-20-25, New Application Not Required** - Added new policy to allow a case to be reopened (reverted to open) without a new application when the recipient provides requested information by the close of business on the last working day of the month, regardless of whether the Eligibility Worker was able to process the case on that day.

A new application **is not required** in the following circumstances:

1. To approve a case denied in error or reopen a case when it has been closed due to agency error;
2. If a case closes for no review, a review form may be used in the month following the month of case closure
3. If the applicant is not eligible in the month of application, the application must be denied. The same application can be used to determine eligibility for the month following the month of denial. In this situation, the application month becomes the month following the month of denial and the application received date is the first day of the month following the month of denial. The application cannot be used for more than two months except when eligibility needs to be determined in the prior month.  
**Example:** An individual applies for the Child Care Assistance Program in April and request child care for the prior month of March. The individual is eligible for March but not eligible for April.

- The application is approved for March and closed March 31 because the individual is not eligible for April.
- The application must be denied for April.
- If eligible for May, the same application can be used.

4. When a case closes for failure to provide information, a new application is not needed to reopen the case (revert to open) when the recipient provides **ALL** requested information prior to the closure effective date. If the closure date is a weekend or holiday, the recipient must provide the information by the close of business on the last working day of the month in which the case will close.

4. **400-28-20-35, Establishing Need** - This is a new section being added to explain need must be determined in order for eligibility to exist.

In order for a child to be included on a certificate as needing care, the child must have a need for child care. To determine if a child has a need for child care:

- A child must need child care while the caretaker(s) is participating in an allowable activity. If a child does not have a need for child care, the child cannot be included on the certificate. Once need is established and a child is included on the certificate, the child will remain on the certificate until the next review.
- The families Co-pay must be less than the State Rate. If the Co-pay is more than the State Rate, the application must be denied or the case closed.

5. **400-28-25-05 , Six (6) Month Review** -

- New policy was added to define the period of time the eligibility worker can allow under the 'extenuating circumstances' provision.
- Wording was added to define the 30 day period begins the day following the date the signed review form is received.

A review must be completed every 6 months. The 6 month review is due in the last month of the certificate period.

CCAP does not require a face-to-face interview in order to determine eligibility.

An SFN 841, "Child Care Assistance Program Review" form is automatically sent to the caretaker in the month prior to the last month the certificate is valid. The caretaker must submit the completed and signed SFN 841, "Child Care Assistance Program Review" form in order for eligibility to be continued. The review form is considered signed if the signature is found anywhere on the review form, other than in answer to a question.

If an unsigned review is received and has been date stamped by the county social service office, the unsigned review must be returned to the caretaker. If the same review, now signed by the caretaker, is returned to the county social service office, that office shall date

stamp the review with the date the signed review is received.  
Document in the case file the correct review received date.

A completed, signed and dated SFN 841, "Child Care Assistance Program Review" is due in the county social service office by the 10th day of the final month covered by the current certificate. If the review form is not received by the 15<sup>th</sup>, a closing notice must be sent informing the caretaker that failure to submit a completed and signed form by the last day of that month will result in case closure at the end of the month the review was due.

A n-incomplete decision to approve a review or close the case must be completed within 30 days from following the date the review is received in the county social service office unless extenuating circumstances exist. The caretaker has 30 days following the date the review is submitted to provide all verifications unless extenuating circumstances exists. The first calendar day following receipt of the review is day 1 of the 30 day processing timeframe.

If additional time is allowed beyond the 30 day period due to extenuating circumstances, an additional 15 days can be allowed. Therefore, action must be taken no later than 45 days following the date the review form is received. Document in the case file the cause(s) of any delay.

If a Child Care Assistance Program (CCAP) case is closed for failure to submit a completed review, the is-case remains closed at the end as of the last day of the month in which a review is due, if:

- If t The 30th day from receipt of the review extends into a future month and the family fails to provide the required information by the 30<sup>th</sup> day; or is
- The family is determined ineligible at any time during the month the review is due and through the 30<sup>th</sup> day.

~~CCAP does not require a face-to-face interview in order to determine eligibility.~~

If the signed and dated SFN 841, "Child Care Assistance Program Review" is received prior to the last day of the month the review was

due and verification of information is needed, a Closure Notice must be sent. The notice must include:

- The specific information and verifications that are needed,
- The information and verifications must be provided within 10 days; and
- Failure to provide the information and needed verifications within 10 days will result in case closure at the end of the month the review was due, even if the 10<sup>th</sup> day extends into a future month.

~~If all the information is not provided with the review, the review must be pending and a pending closing notice must be sent. The caretaker must be allowed at least 10 days from the date of the notice to provide necessary verifications. When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.~~

~~A review pending for additional information **cannot** be denied prior to the 30th day from the date of receipt. However, if it is determined the caretaker is not eligible, the review can be denied at any time prior to the 30th day.~~

~~Except in extenuating circumstances, a decision to either approve or deny a review must be made no later than **30 days** following the receipt of the signed and dated review in the county social service office. Document in the case file the cause(s) of any delay.~~

~~If the caretaker does not complete the review or provide all required verifications within the 30 days from the date of filing and no extenuating circumstances exists, the review must be denied and a denial notice sent to the caretaker.~~

~~An applicant may withdraw a review any time prior to an eligibility decision being rendered. The request to withdraw the review can be made in writing or verbally by the applicant.~~

~~Adequate or advance notice is not required for any action taken on a review.~~

6. **400-28-35-05, Child Care Assistance Unit** – Added new policy for persons entering and leaving the home and removed 'Diversion' under the first section that addresses minor parents as a minor parent residing with his or her parents cannot be Diversion eligible. Also, added clarification to wording in the first and second paragraphs.

The household must include the child(ren) for whom assistance is being requested and the following individuals residing in the home:

- The natural, adoptive or stepparent(s);
- All siblings, (including half and step-siblings) who are under age 19

~~**Note:** When paternity of a child in common is verbally acknowledged or legally adjudicated:~~

When two unmarried adults reside together, in order for a child to be considered a child in common, paternity of the child in common must be verbally acknowledged or legally adjudicated, or the parents must have signed a voluntary acknowledgement of paternity.

- If child care is being requested for a child in common of unmarried parents', both parents and the children of both parents must be included in the unit.
- If child care is NOT being requested for a child in common of unmarried parents', the child in common must be included in the unit(s) of siblings who child care is being requested.

**Example:** Household includes mom, her child, Dad, his child and a child in common. Mom is requesting child care for her child and Dad is requesting child care for his child. Child care is not being requested for the child in common. Since assistance is not being requested for the child in common, Mom and Dad must each complete an application for the Child Care Assistance Program. The child in common would be included as a household member in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

See Section 400-28-45-25, Unmarried TANF Households – Child in Common for an exception for TANF Households.

If the child(ren) for whom assistance is being requested resides with a loco parentis, the household must include the following individuals residing in the home:

- The sibling(s) (including half and step-siblings) of the child for whom assistance is being requested;
- The loco parentis and spouse of the loco parentis;
- The loco parentis' and spouse's children under age 19

A minor parent who needs child care for their child(ren) and who is residing in his/her parents' home is considered a separate household and must apply on their own behalf.

- If the minor parent is determined eligible for TANF ~~or Diversion~~ the case is considered TANF for the Child Care Assistance Program (CCAP).
- If the minor parent is determined eligible for Crossroads, the case is considered Crossroads for CCAP.
- All other minor parents are subject to Co-pay, unless the minor parent is in receipt of TANF, ~~Diversion~~, or Crossroads.

If a minor parent is residing with their parent(s) and the parent(s) have a child(ren) for whom child care is requested, the minor parent and the minor parent's child(ren) are not considered members of their parents' case.

The following individuals are excluded from the household count:

- Children 19 years of age or older (child is considered 19 years of age through the month of the child's birthday);
- Any child for whom the household receives Foster Care payments;
- An individual in the household who is not the caretaker or sibling of the child and not acting as loco parentis;
- Parent(s) and other family members of a minor parent when the minor parent is requesting CCAP assistance;
- An individual disqualified because of a Child Care Assistance Program Intentional Program Violation

**Note:** The income and expenses of an individual who has an Intentional Program Violation continues to be considered.

A child visiting a home where the duration is expected to last over 30 uninterrupted days is considered a household member for the period of time they are in that home.

#### Persons Entering the Home

- New Applications:
  - When an individual enters the home prior to an application being approved, if required, the individual must be included in the child care assistance unit.
- Ongoing Cases:
  - When an individual enters the home and child care is not needed for the individual for the month of entry, the individual is not included in the child care assistance unit if their addition results in a decreased benefit or ineligibility for the month of entry. If required, the individual must be included in the child care assistance unit the month following the month of entry.
  - When an individual enters the home and child care is needed for the individual, the individual is added to the case for the month of entry, based on whether or not the information was timely reported and verified.

#### Persons Leaving the Home

- New Applications:
  - Individuals who leave the home prior to the application being approved or denied are not included in the child care assistance unit, unless the individual who left is a child and the child had a need for child care.
- Ongoing Cases:
  - Once a case is approved, individuals who leave the home are included in the child care assistance unit through the month in which they left. Effective the month following the month the individual left, the individual must be removed from the unit.

7. **400-28-35-30, In Home Care Due to Illness/Disability** – New section added as the information was moved from Section 400-28-105-10, which has been deleted.

In-home child care will be allowed and must be approved for the following instances as approved by Child Care Assistance Program (CCAP) State Administrator **prior** to care being provided:

1. If a child's health would be at risk, written documentation from a health care professional must be submitted to the CCAP State Administrator satisfactorily demonstrating the health risk to the child if the child is taken to an outside provider, or
2. For a disabled child, written documentation must be provided to the CCAP State Administrator demonstrating that the child's disability is such that taking the child to an outside provider creates an undue hardship.

**Note:** In-home child care must be paid at federal minimum wage.

A family who chooses in-home care in these situations will be eligible for payment for CCAP based on the same criteria as other families who have out-of-home providers.

8. **400-28-45-25, Unmarried TANF Households - Children in Common** – Added Policy on how to process cases when two unmarried adults reside together.

When two unmarried adults reside together, in order for a child to be considered a child in common paternity of the child in common must be verbally acknowledged, legally adjudicated, or the parents must have signed a voluntary acknowledgement of paternity.

When a TANF household consists of two unmarried adults who each have a child(ren) and a child in common, and BOTH caretakers are eligible for TANF;~~each must apply for the Child Care Assistance Program on their own behalf. A separate application from each caretaker and two separate cases must be established.~~

- If child care is being requested for the child in common, only one case is established and both parents, the children of both parents

and the child in common must be included in the child care assistance unit.

- If child care is NOT being requested for the child in common, two cases must be established and the child in common must be included in each case

**Example:** Household includes mom, her child, Dad, his child and a child in common. Mom is requesting child care for her child and Dad is requesting child care for his child. Child care is NOT being requested for the child in common. Since assistance is not being requested for the child in common, Mom and Dad must each complete an application for the Child Care Assistance Program. The child in common would be included as a member of the child care assistance unit in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

- ~~• If only one caretaker is eligible for TANF, the child in common must be included in the case with the TANF recipient.~~
- ~~• If both caretakers are eligible for TANF, the child in common must be placed in the case of the TANF primary individual.~~

When a ~~TANF~~ household consists of two unmarried adults who each have a child(ren) and a child in common and ONLY one caretaker is eligible for TANF, two separate cases must be established.

- If child care is being requested for the child in common, the child in common is included in the TANF caretaker's child care assistance unit and child care for the child in common is determined in the TANF caretaker's case.
- If the non-TANF caretaker requests child care, the child in common is included in the child care assistance unit of the non-TANF caretaker. However, the child care for the child in common is paid in the TANF caretaker's case.

**Example:** Household includes mom, her child, Dad, his child and a child in common. Mom is requesting TANF and child care for her child and Dad is requesting child care only for his child. Mom and Dad must each complete an application for the Child Care Assistance Program. The child in common would be included as a household member in both Mom and Dad's

household. Both Mom and Dad would have a 3 person household.

**Note:** If child care is being requested for the child in common, the child in common's child care would be determined in Mom's case as she is TANF eligible.

9. **400-28-70-10, Converting Allowable Income Deductions-** This is a new section and new policy that Allowable Income Deductions must be converted if listed on the paycheck and paid weekly or bi-weekly.

Allowable income deductions (court ordered child/spousal support deduction) for individuals who pay their child support weekly or bi-weekly (either paid by the individual or deducted from the paycheck) must be converted. The process for converting these deductions is the same as income.

Conversion for allowable income deductions (court ordered child/spousal support deduction) does not apply if the child support is not paid weekly or bi-weekly. If not paid weekly or bi-weekly, the amount actually paid each month is the amount allowed.

10. **400-28-80-10, Calculating Allowable Child Care Hours:**

- Added new policy for determining weekly hours for individuals who are self-employed.
- Added new policy for determining weekly hours for individuals attending education when the course of study is not based on credit hours.
- Added clarification regarding calculation of the number of weekly work hours for individuals paid bi-weekly and semi-monthly.

To calculate the Level of Care, the eligibility worker must determine the actual allowable hours by:

- Determining the weekly allowable activity hours for the caretaker for **each** activity;
- Determining the weekly schedule for each child;
- Determine each child's Level of Care using the caretaker's schedule and the child's schedule;

- Any weekly hours the caretaker is participating in an allowable activity and the child needs care during the time the caretaker is in the allowable activity will determine the child's hours of needed care per week.
- The child's hours of needed care per week determine the Level of Care of full time, part-time, or hourly.

When determining the caretaker's activity schedule:

- If the caretaker has a set schedule and the schedule is not questionable, use the caretaker's schedule to calculate each child's hours of needed care per week.
- If the caretaker does not have a set schedule and informs the Eligibility Worker of their schedule, if the schedule is not questionable, use the caretaker's schedule for the same month the income is used to calculate each child's hours of needed care per week.
- If the caretaker does not have a set schedule and the caretaker provides a schedule that is questionable, the caretaker must provide verification of the schedule for the same month as the income is used. Use the caretaker's verified schedule to determine each child's hours of needed care per week.

The following methods must be used to determine the weekly allowable activity hours of the caretaker's activity:

1. Work Hours Calculation

Weekly work hours are determined by using verified paystubs, employer's statements, etc. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation, to determine additional allowable hours.

If the caretaker is engaged in ongoing employment:

- Paystubs from the month of application are used if all are available and are reflective of the anticipated work hours.
- If paystubs from the month of application are available and are not reflective of the anticipated work hours, the caretaker must provide verification of the anticipated work hours and these

hours will be used to determine the weekly allowable activity hours.

- If all paystubs from the month of application are not available paystubs from the month prior to the application month are used if they reflect the anticipated work hours.
- If paystubs from the month prior to the application month are not reflective of the anticipated work hours, the caretaker must provide verification of anticipated work hours and these hours will be used to determine the weekly allowable activity hours.

If the caretaker begins new employment the caretaker must provide verification from the employer of the anticipated weekly work hours.

Once hours have been established, the worker must calculate the weekly average hours for the allowable activity of the caretaker.

To calculate the number of weekly work hours the following methods are used:

- For individuals who are paid weekly, the total number of work hours shown on all pay stubs received in the month are divided by the number of pay stubs in the month to arrive at the average weekly hours worked.
- For individuals who are paid bi-monthly weekly, the total number of work hours shown on ~~both the~~ the pay stubs received in the month are divided by the number of pay stubs received in that month to arrive at the average number of work hours per pay period. The pay period total hours are then divided by 2 to arrive at the average weekly hours worked.
- For individuals who are paid semi-monthly, the total number of work hours shown on both pay stubs received in the month are divided by the number of pay stubs received in that month to arrive at the average number of work hours per pay period. The pay period total hours are then divided by 2 to arrive at the average weekly hours worked.

- For individuals who are paid monthly, the total number of work hours shown on the pay check received in the month is are divided by 4 to arrive at the average, weekly hours worked.
- For individuals who are paid on an irregular basis, the total number of work hours shown on the paystub(s) received in the month are divided by 4 to arrive at the average weekly hours worked. (e.g. Individuals who work on-call, as needed, etc.)

If an employer verifies a range of work hours, the higher number of work hours verified will be used as the allowable activity hours for the caretaker.

**Note:** The pay stubs, employer statement, work schedule, etc., that was used to determine the income eligibility must be the same paystubs, employer statement, work schedule, etc., that is used to determine allowable activity hours.

For individuals who are self-employed, the individual must provide a schedule completed by the individual, listing the hours the individual will participate in their self-employment activity for the month of application and the month prior to the month of application.

- The hours for the month of application are used if they are reflective of the anticipated work hours.
- If the hours from the month of application are not reflective for the future, the hours from the month prior to the application month are used if they reflect the anticipated work hours.
- If the hours from the month of application or the month prior to the month of application are not reflective of the anticipated work hours, the caretaker must provide a schedule, completed by the individual, listing the hours anticipated to work for the future month.

## 2. Student Hours Calculation

Student credit hours must be verified by a class schedule. Two (2) hours will count for each credit hour per week a student is enrolled in an allowable education activity. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation to determine additional allowable hours.

**Example:** A class schedule verifies 12 credit hours. The student is allowed 24 hours per week of allowable activity hours.

Students who attend classes that are NOT based on credit hours, their hours must be verified based on a class schedule that lists the hours the individual is required to attend class. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation to determine additional allowable hours.

**Example:** An individual is attending Beauty School and attends class from 8:30 am to 5:00 pm Monday thru Thursday and from 8:00 am to 12:00 pm on Friday, based on her class schedule. The student is allowed 38 hours per week of allowable activity hours.

Hours can be allowed for a caretaker in education who has a break of less than a full calendar month between terms, if the provider charges for time during the break.

**Example:** An individual was in education from August through early December and will return to school in January. The provider continues to charge the individual during the break. The same level of care should continue during the semester break so as to not disrupt the family's child care availability.

### 3. Job Search Hours Calculation

Up to 20 hours a week can be allowed for job search. This can be self-declared. No additional hours are allowed for travel and breaks.

**NOTE:** This does not apply to JOBS and Tribal NEW recipients as the Employability Plan dictates the allowable hours.

11. **400-28-100-25 – Third Party Payments** – Added a new section to define policy when a third party (which includes an absent parent) pays the child care costs for a household.

When a third party pays a portion of the child care for a family, only the portion the caretaker is responsible for can be considered for payment.

When a third party pays the entire child care for a household, none of the costs can be considered for payment. Since child care cannot pay

any of the costs, the household is ineligible for the Child Care Assistance Program. (CCAP).

Regardless of who is making the third party payment, verification of the portion the third party is paying must be obtained.

If the caretaker reports that the third party has not paid or refuses to pay the child care, the caretaker must demonstrate the third party is not paying.

An absent parent cannot receive Child Care Assistance Program benefits to pay their court ordered share of child care if the child is not residing with the absent parent.

12. **400-28-125-25, Changes Reported That Require Additional Information** – New policy was added to this section to define what action is required if required verifications are or are not received.

When a mandatory change is known to the agency or reported by the child care assistance unit (whether timely or not timely) and additional information is needed, the eligibility worker must send a 'Closure' the 'Correspondence' notice. The notice must include:

- The specific information and verifications that are needed;
- The information and verifications must be provided within 10 days; and
- Failure to provide information and needed verifications within 10 days will result in That the case closure will close at the end of the month in which the 10-day period ends, even if the 10<sup>th</sup> day extends into a future month. if the information is not provided in 10 days.

If the required verifications are provided within 10 days from the date of the notice **OR** if the required verifications are not provided within 10 days but prior to the case closing the case will remain open and the change processed based on Section 400-28-125-30.

If a case has closed for failure to provide additional information and the caretaker provides the required information in the month following the month of case closure, the case remains closed. The caretaker must reapply.

13. **400-28-125-30, Required Action on Mandatory Changes** - This section was renamed and rewritten to incorporate sections 400-28-125-35, 400-28-125-40 and 400-28-125-45. New policy has been added regarding the date changes were reported and how they affect the child care assistance unit.

When a change is reported, the eligibility worker must determine:

- The effective date of the change and when the change needs to be implemented.
  - If the certificate needs to be updated. If the certificate needs to be updated, the date the certificate must be updated is based on the month the change occurred.
  - If the payments made since the change occurred were correct payments:
    - If correct payments were made, document the information regarding the change and the change resulted in no change;
    - If incorrect payments were made, determine the amount of the correct payment and create overpayments if one exists.
- Note:** In certain situations, an underpayment may occur.
- How the change will affect future payments not yet processed.

1. If a change is timely reported and timely verified

- If the change **benefits** the caretaker:
  - The change is implemented the month the change occurred.
  - The certificate must be updated the month the change occurred.

- Payments not yet made from the date the change occurred to when the certificate was actually updated will need to be reviewed to see if any payment can or cannot be made.
- If a payment has been made for the month the change occurred, since the change was reported timely, an underpayment may need to be issued.

**Example #1:** A change occurred that benefited the household on August 25<sup>th</sup> and was reported and timely verified on September 3<sup>rd</sup>. August benefits were paid on September 1. The change is implemented and the certificate must be updated for August. September's payment will be made based on the updated certificate. Since the change was reported and verified timely, August benefits need to be re-determined and an underpayment issued.

**Example #2:** A change occurred that benefited the household on August 25<sup>th</sup> and was reported and timely verified on September 3<sup>rd</sup>. August benefits have not yet been paid. The change is implemented and the certificate must be updated for August. August and September payments will be made based on the updated certificate, since the change was reported and verified timely.

- If the change **does not benefit** or has a negative impact to the child care assistance unit:
  - The change is implemented the month following the month the change occurred.
  - The certificate must be updated the month following the month the change occurred.
  - Payments made for the month following the month the change occurred will be made based on the new certificate.

**Example:** A change occurred that does not benefit the household on August 25<sup>th</sup> and was reported on September 3<sup>rd</sup>. The change is implemented and the certificate must be updated for September. August payments will be made based on the old

certificate. Payments beginning September will be made based on the updated certificate, since the change was reported and verified timely.

- If the change causes ineligibility the case must be closed at the end of the month the closing notice is sent.
2. If a change was reported timely but **NOT** verified timely:
- If the change **benefits** the child care assistance unit,
    - The change is implemented the month the change was verified.
    - The certificate must be updated the month the change was verified.
    - Payments made from the date the change was verified will need to be made based on the new certificate.
    - Since the change benefits the child care assistance unit, any underpayments that may have resulted from the date the change occurred to the date the certificate was updated are not issued since the change was not reported timely.

**Example #1:** A change occurred that benefited the household on August 25<sup>th</sup> and was reported on September 3<sup>rd</sup>. The eligibility worker sent a closing notice to the caretaker on September 6<sup>th</sup>. The caretaker did not provide verification of the change until September 23<sup>rd</sup>. The change is implemented and the certificate must be updated for September. September's payment will be made based on the updated certificate. Since the change was reported timely but not verified timely, the caretaker is not eligible for additional benefits for August.

**Example #2:** A change occurred that benefited the household on September 1st and was reported on September 9th. The eligibility worker sent a closing notice to the caretaker on September 12th. The caretaker did not provide the verification of the change until September 28<sup>th</sup>. The change is implemented and the certificate must be updated for September. September payments will be made based on the updated certificate.

- If the change **does not benefit** or has a negative impact to the child care assistance unit and the case remains eligible:
  - The change is implemented the month the change occurred.
  - The certificate must be updated the month the change occurred.
  - Any payments made from the date the change occurred will need to be made based on the new certificate.
  - Any payments made based on the old certificate for months prior to the certificate being updated are subject to overpayments.

**Example:** A change occurred that does not benefit the household on August 25<sup>th</sup> and was reported on September 3<sup>rd</sup> but was not verified until September 15th. The change is implemented and the certificate must be updated for August. Since the change was not verified timely, August benefits need to be re-determined and an overpayment established. Payments issued beginning September will be based on the updated certificate.

- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

3. If a change was **NOT** reported timely:

- If the change **benefits** the child care assistance unit:
  - The change is implemented the month the change was verified.
  - The certificate must be updated the month the change was verified.
  - Payments made from the date the change was verified will need to be made based on the new certificate.
  - Since the change benefits the child care assistance unit, any underpayments that may have resulted from the date

the change occurred to the date the certificate was updated are not issued since the change was not reported timely.

**Example #1:** A change occurred that benefited the household on June 7th and was reported and verification of the change was provided on September 3<sup>rd</sup>. The change is implemented and the certificate must be updated for September. September's payment will be made based on the updated certificate. Since the change was not reported timely, the caretaker is not eligible for additional benefits for June through August.

**Example #2:** A change occurred that benefited the household on June 7th and was reported on September 23th. The eligibility worker sent a closing notice to the caretaker on September 25th. The caretaker did not provide the verification until October 2nd. The change is implemented and the certificate must be updated for October. October payments will be made based on the updated certificate. Since the change was not verified timely, the caretaker is not eligible for additional benefits for June through September.

- If the change **does not benefit** or has a negative impact to the child care assistance unit and the case remains eligible:
  - The change is implemented the month the change occurred.
  - The certificate must be updated the month the change occurred.
  - Any payments made from the date the change occurred will need to be made based on the new certificate.
  - Any payments made based on the old certificate for months prior to the certificate being updated are subject to overpayments.

**Example:** A change occurred that does not benefit the household on June 7th and was reported and verification of the change was received on September 3<sup>rd</sup>. The change is

implemented and the certificate must be updated for June. Since the change was not reported and verified timely, June through August benefits need to be re-determined and overpayments established. Payments issued beginning September will be based on the updated certificate.

- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

For policy regarding the impact of a change when an individual who enters or leaves the child care assistance unit, refer to Section 400-28-35-05, Child Care Assistance Unit

14. **Sections 400-28-125-35, 400-28-125-40 and 400-28-125-45.** These sections have been deleted as the information from these sections has been incorporated into 400-28-125-30.

**~~Changes Considered Timely Reported and Timely Verified 400-28-125-30~~**

~~When a change is reported and verified timely:~~

- ~~• If the change benefits the caretaker, the change is implemented the month the change occurred.~~
- ~~• If the change does not benefit the caretaker and the case remains eligible, the change is implemented the month following the month the change is reported and verified.~~
- ~~• If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.~~

**~~Changes Considered Not Timely Reported and Timely Verified 400-28-125-35~~**

~~Changes that are not timely reported include changes that are reported timely but are not verified timely. When this occurs:~~

- ~~• If the change benefits the caretaker, the change is implemented the month following the month the change was reported and verified.~~
- ~~• If the change does not benefit the caretaker and the case remains eligible, the change is implemented the month the change occurred.~~
- ~~• If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.~~

**~~Verification Not Received Timely but Received Prior to Case Closure 400-28-125-40~~**

~~If the caretaker did not provide the required verifications within the 10 days and the case is set to close and prior to the closing date the caretaker submits the required verifications:~~

- ~~• If the change benefits the caretaker, the change is implemented the month following the month the verifications were received.~~
- ~~• If the change does not benefit the caretaker, the change is implemented the month the change occurred in.~~
- ~~• If the change causes ineligibility, a closing notice must be sent to close the case at the end of the month the closing notice is sent.~~

~~If a case has closed for failure to provide additional information and the caretaker provides the required information in the month following the month of case closure, the case remains closed. The caretaker must reapply.~~

**~~Impact on Eligibility Resulting From Changes 400-28-125-45~~**

~~If eligibility continues, the worker must determine when the change was effective and when the change needs to be implemented.~~

~~The effective date of the change will determine if:~~

- ~~• The certificate needs to be updated~~
- ~~• Correct payment was made~~
- ~~• Overpayments need to be created, and~~
- ~~• How payments for service months not yet processed are affected~~

~~When the change affects the certificate:~~

- ~~• If the change is reported and verified timely and the change:
  - ~~○ Benefits the caretaker — the certificate will be update the month of the change~~
  - ~~○ Does not benefit the caretaker — the certificate will be updated the month after the change was reported and verified~~~~
- ~~• If the change is not timely reported and/or not verified timely, the certificate will be updated the month that the change was occurred. If this results to a benefit to the caretaker, an underpayment will not be issued. If this results in an overpayment, the overpayment must be determined.~~

~~When the change affects a payment that has already been made:~~

- ~~• Overpayments may occur if the change does not match what is on the current certificate.~~
- ~~• The eligibility worker will need to determine if and when the certificate should have been updated based on the month the change occurred.~~
- ~~• If the certificate should have been updated any payments made from the date the change occurred to when the certificate was actually updated are subject to overpayments.~~

~~When the change affects a payment that has not yet been made:~~

- ~~• The eligibility worker will need to determine if and when the certificate should have been updated as of the month the change occurred.~~
- ~~• If the certificate should have been updated, any payments not yet made from the date the change occurred to when the certificate was actually updated will need to be reviewed to see if any payment can be made or if no payment can be made.~~
- ~~• If the current certificate reflects partial information for the change that has been reported, payment can only be made based on the information that matches what is on the current certificate.~~
- ~~• If the current certificate does not reflect the changes that were reported and verified, payment cannot be made.~~

**Par. 4.** Items in **Par. 4** (#1 through #54) include the following clarifications to the Child Care Assistance Program Policy effective October 1, 2011.

1. **Section 400-28-05, Definitions** - Added clarification to the following definitions:

**Allowable Activities** – Allowable activities include work, job search, attending education or training, and approved activities under the State Job Opportunities and Basic Skills (JOBS) or Tribal Native Employment Works (NEW). Child care for participation in these allowable activities are reimbursable under the Child Care Assistance Program.

**Approved Relative** - a provider, whose relationship to the child by marriage, blood, or court degree, is a:

- Grand-parent (including step-grandparents)
- Great-grand parent (including great step-grandparents)
- Aunt or uncle (including step-aunt or uncle)
- Sibling (including step-siblings)

**NOTE:** Siblings cannot be an approved relative providers if the sibling resides with the child.

2. **Section 400-28-15-05, Confidentiality** –

- Clarified use of the Job Service North Dakota Unemployment Insurance Benefits (UIB).
- Clarified Exception #2 under #2 that the employee must be an eligibility case worker from another state or in North Dakota.

Information concerning households receiving assistance through the Child Care Assistance Program (CCAP) may be released only for the purposes directly connected with the administration of Economic Assistance Programs, Medicaid and Healthy Steps.

If a caretaker wishes the provider to be able to obtain information, the caretaker must sign an authorization of disclosure using the SFN 1059 'Authorization to Disclose Information'.

Without a signed Authorization to Disclose Information, the only information that can be disclosed to a provider is whether the caretaker

has applied or is receiving CCAP and if a payment has been issued to the provider on behalf of the family.

If a provider inquires as to why payment has not been made, no information can be disclosed without a current Authorization to Disclose Information.

Information **cannot** be disclosed on a CCAP certificate displaying the type(s) of program(s) that the caretaker may be on (TANF, JOBS, etc.).

Federal and state law recognizes the privacy rights of individuals who receive services and assistance under programs administered by the county social service office. Confidentiality safeguards go into effect from the initial contact between the client and the county social service office. Initial contact may be as early as an inquiry about the application process or availability of services, depending on what personally identifying information was obtained. The safeguards apply to any personally identifying information, whether written or oral, and whether or not it is incorporated into the client's records. Safeguards continue to be in effect as long as services or assistance are provided and continue afterwards indefinitely. They are not terminated by the cessation of services or assistance, or by the client's death. Safeguards continue to be in effect indefinitely even for applicants who do not become recipients.

Information concerning households receiving CCAP can be released for purposes directly connected with the administration of the program. Agencies and individuals other than those specified below, who are requesting information concerning households receiving CCAP must obtain and provide a signed Authorization to Disclose Information from the caretaker/individual, legal guardian or an agency who has care, custody and control of a child prior to the information being disclosed. This includes:

1. Information regarding an individual who received assistance in one case and is now being added to another case or applying on their own behalf, cannot be transferred from the old case file to the new case file without a signed Authorization to Disclose Information from the caretaker of the old case with the following exceptions:

**Exception #1:** The individual added to the new case or applying on their own behalf is now an adult (18 years of age) eligible in

their own right and was a child in the previous case. If the individual indicates they received assistance in another case that individual's information can be added to the new case without a signed Authorization to Disclose Information.

**Exception #2:** Both parents of a child were part of the old case and the caretaker of the new case is one of the parents from the old case and no legal action has been filed (separation, divorce, etc.).

**Note:** Once legal action has been initiated, information from the old case cannot be added to the new case without a signed Authorization to Disclose Information.

2. Information being requested by other individuals within the county social service office or a partner agency (county social workers, housing assistance program staff, Treatment Homes (PATH), Division of Juvenile Services (DJS), Tribal Social Services staff, etc.), provided the information is not for the purpose of determining eligibility for CCAP, cannot be released without a signed release of information from the caretaker, with the following exceptions:

**Exception #1:** Verification of a child's Social Security Number and birth verification may be shared with a social worker or eligibility worker within the county social service office in order to determine eligibility for Foster Care Program.

**Exception #2:** When an employee eligibility case worker of a social service agency in another State or within North Dakota requests information regarding an individual applying for or receiving assistance ~~in that State~~:

- a. If the individual was the caretaker of a case in North Dakota, any information contained in the case file can be released without a signed Authorization to Disclose Information.
- b. If the individual was not the caretaker of a case in North Dakota, only that individual's information can be released.

**Exception #3:** Upon the written request of an elected public official, the name, address, and amount of assistance received by a CCAP household may be released without a signed Authorization to Disclose Information.

**Exception #4:** Upon the request of the state or county child care licensing staff, information may be released when needed for licensure purposes.

Information from the following interfaces can be used to determine eligibility for CCAP when the individual is also in receipt of assistance through TANF, SNAP or Health Care Coverage program. However, the confidentiality rules for TANF, SNAP and Health Care Coverage applies to information received through these interfaces:

- Social Security Administration (SSA)
- Internal Revenue Service (IRS)
- Unemployment Insurance Benefits (UIB) information
- Quarterly Wage Match from Job Service

Information from these sources cannot be released to the client or any other agency.

For individuals who are not receiving assistance through TANF, SNAP or Health Care Coverage program, the interface information from SSA IRS or UIB cannot be used to determine eligibility for CCAP.

When TANF, SNAP or Health Care Coverage programs close and CCAP remains open, at the time the other program(s) close, the interface information from SSA or IRS cannot be used to determine eligibility for CCAP.

**Note:** The information that is currently being used for CCAP at the time the other program(s) closes continues to be used until the next time that income is redetermined. At the time the income is redetermined, if the TANF, SNAP or Health Care Coverage programs remain closed the SSA or IRS interface cannot be used.

~~Information received from Job Service North Dakota through the Unemployment Insurance Benefits (UIB) and quarterly wage match can only be used for the administration of CCAP. The interface information cannot be released to the client or any other agency.~~

In accordance with the agreement with Vital Statistics, the Vital Statistics information is owned by Vital Statistics at the State Health Department. Information received through the Vital Statistics Interface is to be used by eligibility workers to verify birth and association information for

applicants and recipients. This information cannot be released to the applicant or recipient or any other agency and can only be used for the purpose of determining eligibility.

For additional considerations, including guidelines to county personnel who are subpoenaed to testify in court, see:

1. Service Chapter 110-01, Confidentiality
2. Service Chapter 449-05-30, Confidentiality and Safeguarding Information
3. North Dakota Administrative Code (N.D.A.C.) Section 75-01-02

**3. Section 400-28-20-10, Date of Application and Benefit Start Date –**

Removed the requirement that the applicant must date the application as the benefit start date is based on the date the county social service office receives the application. Also, clarification has been added regarding the six month period for submitting a child care billing report form for the month prior to the month of application.

The date of the application is the date the signed application is received in the county social service office. An application can be submitted to the county social service office in person, by mail, by fax or electronically.

The county social service office must document the date an application is filed by recording the date the application was received on the application.

The application must be signed to be considered an application. The application is considered signed if the signature is found anywhere on the application, other than in answer to a question contained therein.

If an unsigned application is received and has been date stamped by the county social service office, the unsigned application must be returned to the applicant. If the same application, now signed by the applicant, is returned to the county social service office, that office shall date stamp the application with the date the signed application is received. Document in the case file the correct application received date.

Regardless of the means of submittal (in person, by fax, by mail or via electronically filing), an application received after business hours is considered received on the next business day.

The benefit start date will be the first day of the month the **signed and dated** application is considered received in the county social service office or the earliest date of eligibility.

An individual applying for the Child Care Assistance Program (CCAP) may request assistance for the month prior to the month the application is received by so indicating on the application. Eligibility can be extended to the prior month if the applicant requesting such assistance meets all other CCAP eligibility requirements for the prior month.

If an application is received with a request for a prior month and eligibility for the prior month had been previously established, a new eligibility determination **is not** made for the prior month based on the new application. The previous determination remains valid.

If a caretaker did not request the prior month at the time of application, but later discovers a need, the applicant can request and provide all information for the prior month no later than the last day of the 5th month following the month of application as payment is contingent upon CCAP billing forms being submitted within 6 months following the month care was provided.

**Example:** A caretaker submits an application for CCAP in August, and in November the caretaker informs the eligibility worker of the need for assistance with July child care expenses. The caretaker must submit all information to process the payment by January 31st.

All such requests must be made in writing, with eligibility established based on the information that existed in that month. The eligibility worker must notify the family of the eligibility decision.

4. **400-28-30, Eligible Children** – Removed numbers 4 and 5 as these two items are non-financial eligibility factors and are addressed in other areas of the policy manual.

An eligible child in the family or household is a child who needs child care and who:

1. Is under age 13;
2. Is at least age 13, but under age 19, and who is physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed /certified psychologist;
3. Is at least age 13, but under age 19, and is in need of supervised care as specified in a court order,
- ~~4. Is a citizen or has a resident alien status~~
- ~~5. Is a child receiving SSI in a TANF household~~

A child will be considered "under age 13 or 19" through the month of the child's birthday.

Foster care children are not eligible for the Child Care Assistance Program (CCAP) as the Foster Care program provides for this service.

All eligibility information must be provided for each child for whom CCAP benefits are being requested. Any child for whom all information is not provided is not eligible for CCAP. However, that child is included in the household size and their income is considered.

5. **Section 400-28-35-15, Disability of a Caretaker** – Added clarification that an individual must be deemed disabled by Social Security and a note indicating State Review Team decisions cannot be used to consider an individual as 'deemed disabled'.

In a household with two caretakers, child care can be allowed when:

- One of the caretakers is in an allowable activity, ~~and~~ the other caretaker is disabled and the disabled caretaker is unable to care for the child(ren); and
- Verification from the disabled caretaker's physician must be obtained indicating the disabled caretaker cannot care for the child(ren).

The individual ~~has to~~ must be deemed disabled by the Social Security Administration. Presumptive Supplemental Security Income (SSI) does not meet this criteria.

**Note:** State Review Team decisions cannot be used to consider an individual as 'deemed disabled'.

6. **Section 400-28-35-25, ~~Joint-Custody~~ Parents Not Residing Together** – added clarification to wording in the first paragraph and deleted the second paragraph as this was moved and clarified under 400-28-100-25, Third Party Payments.

When parents who are not residing together have a child and both parents incur child care while participating in an allowable activity, If the parents have joint custody, each parent may apply for child care on their own behalf and for the related costs incurred for during the period in during which the child(ren) reside is with that parent. them and the related costs incurred.

~~If a caretaker eligible for the Child Care Assistance Program (CCAP) has custody of has a child and that child's absent parent is either court ordered or a verbal agreement exists stating the absent parent will to pay a portion of their child care, CCAP will only consider the caretaker's portion of the child care. However, if the caretaker can demonstrate that the absent parent is not paying their portion of child care, CCAP may consider the total child care expenses being billed.~~

~~**Note:** To verify whether an absent parent is court ordered to pay a portion of the child care, a copy of the court order must be obtained.~~

7. **Section 400-28-40, Crossroads Families Eligibility** – added clarification that an application is required to be completed at the time an individual is applying for Crossroads if they do not have an open Child Care Assistance Program case. Also clarified policy that individuals eligible for Crossroads cannot receive TANF during the same period of time.

The Crossroads Program is designed to assist with child care costs for individuals who are:

- Parents up to 21 years of age (prior to the month the parent turns 21 years of age)
- Parents who are male or female
- Parents who are married or unmarried
- Parents who have the primary responsibility for the care of their child

- Parents who are pursuing high school, a GED or alternative high school

The parent must be referred to the county social service office's Crossroads worker.

The parent must apply for the Child Care Assistance Program (CCAP) by completing an application for CCAP at the time they are applying for Crossroads if the parent does not have an open Child Care Assistance Program case. Upon receipt of the Crossroad's approval letter, the individual is eligible for CCAP to cover the costs of child care.

A copy of the Crossroads approval letter must be submitted to CCAP to verify the parent(s) is eligible for Crossroads. The approval letter shows the period of time the parent is eligible for Crossroads.

While an individual is eligible for Crossroads, work related child care for that individual can be reimbursed under CCAP. In these situations, the certificate must reflect education and work.

A parent, who participated in Crossroads in the previous school period and who intends to participate in Crossroads for the next school period is eligible for Crossroads coverage during the break between the two school periods even if the parent is only working during that time. At the time it is learned that the individual will not be returning to school, eligibility as a Crossroads family ends.

When an individual eligible for Crossroads is married or resides with the parent of the child, CCAP will pay the Crossroads approved child care without regard to the activities or income of the spouse or second parent.

An SSI child in a Crossroads family is considered a Crossroads case as that child is eligible as Crossroads whether in receipt of SSI or not in receipt of SSI.

Crossroads policy does not allow a family to be eligible for TANF and Crossroads for the same month. Therefore, the child care type must be changed from Crossroads to TANF effective the first month of TANF eligibility.

**Note:** If the family chooses to remain Crossroads eligible, they must withdraw their TANF application or close their TANF case.

If the parent is not eligible for or chooses not to participate in the Crossroads Program, the parent can apply for CCAP and if all other program criteria is met, be eligible and is subject to the Co-pay.

8. **Section 400-28-45-45-10, Initial TANF or Diversion Application/ Ongoing Child Care Assistance Program** – Added clarification that in an ongoing Child Care Assistance Case, a certificate is updated rather than approved.

A TANF or Diversion applicant who has an ongoing Child Care Assistance Program (CCAP) case ~~will be approved as~~ must have their certificate updated to Waived Co-pay effective the month TANF or Diversion is approved. Child care expense for months prior to TANF or Diversion approval would be covered using the existing certificate (which would reflect Co-pay).

9. **Section 400-28-45-45-25, TANF or Diversion Case Closure and Continued Child Care Assistance Program** – Added policy requiring a closure be sent for the Child Care Assistance Program when a TANF monthly report is not submitted by the 15<sup>th</sup> of the month.

If a TANF or Diversion case closes and there **is a known** allowable activity, the certificate must be updated in the month following the case closure for TANF or Diversion. Effective the month following the month of TANF or Diversion case closure the case becomes Co-pay.

If a TANF or Diversion case closes and there **is not a known** allowable activity which continues, a closing notice must be sent to close the Child Care Assistance Program case at the end of the month equal to the TANF Closure.

If a TANF monthly report is not completed and returned by the 15<sup>th</sup> of the month for a TANF or Diversion case, a Closure Notice must be sent to the household requesting information as to whether they continue to have a need and participate in an approved activity.

- If the family provides the completed TANF Monthly Report by the last day of the month and the TANF benefit for the future

month is determined, the Child Care Assistance Program (CCAP) case will not be closed, or if closed, the case can be 'reverted to open'.

- If the family does not provide the TANF Monthly Report but contacts the Eligibility Worker:
  - If the individual no longer has child care needs or will not be participating in an approved activity for the future month, the CCAP case remains closed effective the last day of the current month.
  - If the individual has a child care need and is participating in an allowable activity, the household must provide the information to update the certificate by the last day of the month.
    - If the individual provides the information to update the certificate by the last day of the month, hold the information and update the certificate in the month following the month of TANF closure.
    - If the individual does not provide the information to update the certificate by the last day of the month, the CCAP case will close the last day of the month.

10. **400-28-50-30, Social Security Number** – Added clarification to the last paragraph that a hard copy of the SSN cannot be required.

Disclosure of the Social Security Number (SSN) is **voluntary** and is requested for the purpose of accurate identification. Failure to disclose the SSN will not affect participation in this program. A hard copy of the SSN cannot be required.

The SSN for the caretaker and for each child requesting Child Care Assistance Program (CCAP) benefits may be provided by the caretaker.

If a caretaker or child does not have a SSN when application for CCAP is made, the eligibility worker may assist the family in the application process for a SSN if they choose to apply for a SSN.

If the SSN is not provided for either the caretaker or the child for whom assistance is being requested, the eligibility worker will assign a number for the caretaker whose name the case will be in and to the child(ren) who are requesting CCAP. The first three digits will be "999". The second two digits will be that of the county and the last four digits will be the next available number from the county roster.

Each county should keep a log of such cases so that numbers are not duplicated.

**Example:** If the family resides in Barnes County, the number will be 999-02-0001 for the caretaker. The child's number will be 999-02-0002. If there are more children, continue in numerical order with the last four digits.

If another family applies who need numbers assigned to them, they should be given the next available number on the county roster.

Once a number is assigned by the eligibility worker, the number follows that individual regardless of the county the individual resides in, and is only updated if the caretaker provides the actual SSN.

If the caretaker provides their SSN but not the SSN for the children, use the SSN for the caretaker to establish case identification and assign a number for each child requesting CCAP using the process above.

If at a later date the caretaker provides an SSN for the caretaker and/or any eligible children, the number in the CCAP system is changed from the assigned number to the SSN.

~~A hard copy of the SSN is not required except~~ In situations where there is a discrepancy (i.e. duplicate numbers for the same individual, the same number for two different individuals, etc), a copy of the SSN card may be requested but cannot be required.

11. **400-28-50-35 , Education** – Clarified this section indicating that verification of school attendance should only be obtained at application if an individual is attending school.

At the time an individual applies for the Child Care Assistance Program and is participating in an approved educational activity or in an ongoing case when an individual begins participation in an approved educational activity during the certificate period, verification of school attendance must be obtained.

The following items are required to be included in the case file:

- A copy of the class schedule for each semester
- SFN 113 Postsecondary Education Information Form
- If needed to verify the degree being pursued a copy of the curriculum is required

12. **400-28-55-05 Allowable Activities** – Number 4 is being changed to a bullet as it relates to education or training.

Caretakers must be participating in an allowable activity to be eligible for assistance under the Child Care Assistance Program (CCAP). The following are allowable CCAP activities:

1. Work – Work is an activity in which an individual is engaged through employment or self-employment. Work must entail personal involvement and effort on the part of the applicant or recipient. Self-employment is also considered work.

The following are allowable work activities:

- Paid employment
    - Paid work studies, internships or assistantships (this includes when an individual is in a non-allowable postsecondary education program).
  - Self-employment
2. Job Search - Child care for job search is allowed for eight weeks in a calendar year. Job Search hours are limited to 20 hours per week. No additional hours are allowed for travel or breaks.  
**Exception:** Job Search for JOBS recipients is included in their JOBS employment plan. Whatever is on the employment plan for job search is an approved activity.

- Job Search hours are self-declared and the hours do not need to be verified unless questionable.
  - When a household includes two caretakers, each caretaker is eligible for eight weeks of job search per calendar year.
3. Education or Training - Child care relating to an allowable education or training activity.
- An individual is considered in an allowable postsecondary education if the individual is pursuing a certificate, certificate of completion, or a one or two year degree in postsecondary or vocational school and does not have a previous degree as defined in non-allowable postsecondary education.
  - A student who is pursuing a one or two year degree, and has indicated they plan to continue their education to receive a bachelor's degree or beyond, can have child care paid towards the pursuit of completion of the one or two year degree only.
  - If otherwise eligible, the time caretakers are attending classes in skills and technology training or individuals who are participating in classes for English as a second language will be covered.
  - Attending high school or alternative high school or pursuing a GED is an allowable activity even if the individual is not participating in Crossroads.
    - Traditional high school "attendance" is defined by the Department of Public Instruction (DPI) as:
      - Full-time - 4 or more classes
      - Part-time - less than 4 classes
      - Attendance in an alternative high school setting for full-time/part-time as identified by the school.
    - GED may be full time/part-time.

- If a high school diploma or GED is not required to receive a certificate it is not considered postsecondary education.

**Example:** A Certified Nurse Assistant (CNA) certificate is **NOT** considered postsecondary education as a high school diploma is not required to receive a CNA certificate.

- Internet Classes – Child care related to completing on-line computer classes that meets the allowable education or training requirements is an allowable activity.

4.

- Vocational Rehabilitation education plans must follow CCAP education requirements.

13. **400-28-55-10, Allowable Activities for TANF Recipients** – Added clarification that payment of child care for TANF recipients can only be made if the activity is identified and approved on the JOBS employability plan.

The Child Care Assistance Program (CCAP) can pay child care for TANF recipients only if the allowable activity is identified and the child care is approved on the Job Opportunities and Basic Skills (JOBS) or Tribal Native Employment Works (NEW) Program employability plan. Child care costs for any allowable activity not identified on the employability plan cannot be paid through CCAP. Participation in activities for the JOBS or Tribal NEW, including periods of time a TANF recipient is required to complete a Proof of Performance (POP) are considered allowable activities for TANF recipients.

If an individual is meeting their JOBS/Tribal NEW program requirement, CCAP can pay for any approved activities listed on the employability plan.

- ~~• If a TANF recipient is sanctioned from JOBS/Tribal NEW, child care is allowed to give the individual the opportunity to end their sanction.~~
- ~~• If a TANF recipient is required to complete a Proof of Performance (POP) or are subject to Pay After Performance (PAP) child care incurred to complete the POP or PAP can be reimbursed.~~

When a TANF recipient, who is required to participate in the JOBS Program, is not participating, child care will be paid for any activity the individual is participating in that is listed on the latest employability plan until the TANF case closes.

**Example:** Mom is required to participate in the JOBS Program in Job Search but fails to provide information to her case manager. The case manager completes the 'good cause' process and a sanction is imposed for October.

If Mom submits child care expenses for the months of September and October while searching for a job, since the latest employability plan lists her activity as Job Search and Mom continues to be a JOBS participant through October 31<sup>st</sup>, the child care expenses for September and October while searching for a job can be paid.

Should the child care expenses for the months of September and October be a result of an activity not listed on the employability plan, those child care expenses cannot be paid unless mom begins participating in the JOBS program and a new employability plan is received that includes these activities.

**14. 400-28-55-15, Allowable Activities for Diversion Recipients –**

Removed 'Internet Classes' as an allowable activity as classes, whether at the education facility or through the internet are considered 'Education/ or Training.

Since individuals in receipt of Diversion do not participate in the Job Opportunities and Basic Skills (JOBS) or Tribal Native Employment Works (NEW) program. Allowable activities for these individuals are:

- Work
- Job Search
- Education/ or Training
- ~~Internet Classes~~

**15. 400-28-60 Non-Allowable Activities –** Clarified that an individual who has a CNA certificate is eligible to participate in an allowable post-secondary education activity. Also clarified that activities listed below are allowable activities if listed on a TANF recipient's employability plan.

The following activities are not allowed under the Child Care Assistance Program (CCAP), unless they are approved in a TANF recipient's employability plan:

- Attending support groups
- Attending parenting classes
- Participating in community service
- Participating in volunteer work

**Note:** CCAP cannot be paid for child care costs incurred while a caretaker is working as a volunteer and not being paid.

- Non-allowable postsecondary education:
  - Pursuing a bachelor degree (4 year) or beyond - If the student is pursuing a 4 year degree, without first intending to pursue a 2 year degree, CCAP cannot pay any of their child care for any of the years.
  - An individual who has already received a certificate, certificate of completion, an associate degree, bachelor's degree or postsecondary diploma

**Note:** Receipt or completion of a certificate does not include a Certified Nurse Assistant (CNA) certificate.
  - If a caretaker has a certificate or degree obtained from another state or country, they are not eligible for CCAP.

16. **400-28-65-10-05, Definition of Income** – Added information regarding unearned income of children under age 19 who must be included in the Child Care Assistance Unit is counted. Also added clarification that gross countable income of all members of the child care assistance unit and the caretaker temporarily away from home or in military service is counted.

Gross income is the income before deductions for taxes, social security or any other items. The gross income, earned and unearned, of all household members including the members in a loco parentis household, stepparent, and unmarried couples where paternity of at least one child in common is acknowledged or adjudicated, will be used for the Child Care Assistance Program (CCAP).

Income is the gain or benefit, earned or unearned, derived from labor, business, capital, or property which is received or is available to CCAP

unit for current maintenance. It is considered when actually available and when the applicant or recipient has a legal interest in a liquidated sum and has the legal ability to make such sum available for support or maintenance.

The gross countable income for all ~~adult~~ members of the child care assistance household unit and the caretaker temporarily away from home or in military service is counted.

Earned income of children under age 19 is not counted.

Unearned income of children under age 19 who must be included in the Child Care Assistance Unit is counted.

17. **400-28-65-10-40 Unearned Income** – Renamed # 2 to include payments other than Retirement, Survivors, and Disability Insurance and removed mineral leases and royalties as these are included in #6. Also, clarified #5 to include Rental or Lease Income.

Unearned income is income not gained by current labor, service, or skill. Most unearned income is the result of past labor, services, or investments, which have enabled the individual to receive a current benefit or pension. Unearned income for both caretakers and children who must be included in the Child Care Assistance unit must be counted.

The types of income listed below are examples of unearned income and must be considered available in their entirety (unless it is determined to be a nonrecurring lump sum):

2. **Retirement, Survivors, Disability Insurance Benefit Payments**- Benefits paid through the Social Security Administration , Veterans benefits, pensions from all sources such as Railroad, North Dakota Old Age and Survivors Insurance System, private pensions, Workforce Safety and Insurance, Unemployment Compensation, union compensation during strikes, ~~mineral leases~~, military allotments, ~~royalties~~, disaster unemployment benefits, general assistance, Three Affiliated Tribal elderly payments, etc.;

**Note:** Veteran's benefits designated for a specific purpose such as tuition, fees, books, etc. is not counted.

5. **Rental and Lease Income** – Rental payments received without an appreciable amount of personal involvement and effort provided as a service to the tenant.

**Note:** Property taxes, interest on mortgage loans, and insurance premiums for coverage of potential loss on the rental property can be allowed as a deduction from the rental income.

Lease payments made to a household member ~~person~~ for the use of lands occupied or owned by a household member. ~~those persons unless the lease specifically provides for monthly payments or unless the lease is for a total term of less than one year.~~

18. **400-28-65-10-55 Documentation/Verification of Unearned**

**Income** – Added clarification to this section that the use of interface information for verifying Child Case Assistance Program requirements cannot be used if the individual is not in receipt of TANF, SNAP or Health Care Coverage.

Actual unearned income must be verified. If the individual has an active TANF, SNAP or Medicaid case, the primary verification for Social Security Administration (SSA) benefits will be the established through the State Data Exchange (SDX) or Third Party Query (TPQY) interfaces. When circumstances warrant, contact with the Social Security District Office to obtain benefit information may be necessary.

If there is not an active TANF, SNAP or Medicaid case, the verification cannot be obtained through the TPQY or the SDX Interfaces. For individuals who are not receiving assistance through TANF, SNAP or Health Care Coverage program, the interface information from SSA, Internal Revenue Service (IRS) or Unemployment Insurance Benefits (UIB) cannot be used to determine eligibility for CCAP.

When TANF, SNAP, or Health Care Programs close and CCAP remains open, at the time the other program(s) close, the interface information from SSA, ~~or~~ IRS, or UIB cannot be used to determine eligibility for CCAP.

**Note:** The information that is currently being used for CCAP at the time the other program(s) closes continues to be used until the next time that income is redetermined. At the time the income is redetermined, if the TANF, SNAP, or Health Care Programs remain closed, the SSA, ~~or~~ IRS, or UIB interface cannot be used.

Documents or records available to verify unearned income include but are not limited to the following:

- SSA benefit letter or interface
- Unemployment Compensation benefit letter or interface
- Pension benefit letter
- VA benefit letter
- Railroad benefit letter

Verification of Child/Spousal Support received

Documents or records available to verify child/spousal support include but are not limited to the following:

- Divorce or separation papers
- Court order
- Support agreement
- Correspondence on support payments
- Receipts for contribution
- Employer Records of garnished wages
- Child Support Enforcement's FACES ledger or Electronic Payment Card
- Print out from agency disbursing the child support

**19. 400-28-65-20-10 - Recurring Lump Sum Unearned Income –**

Added the word 'lump' into the second paragraph to clarify this policy applies to lump sum payments.

Unearned income received on a recurring or regular basis is considered recurring lump sum payments. This income is countable and must be prorated over the period the payment is intended to cover.

Recurring lump sum payments received after application for the Child Care Assistance Program are prorated over the number of months the payment is intended to cover.

**Note:** The prorated lump sum payment must continue to be counted if the case closes and then reopens during the prorate period or within the following prorate period. This prevents cases from being closed temporarily to avoid using the lump sum income.

Examples of recurring lump sum payments include, but are not limited to:

- Land rental income
- CRP
- IIM monies
- Mineral Royalty/Lease Income

For treatment of Earned Income lump sum payments, see Section 400-28-65-10-20, Earned Income - When Received.

20. **400-28-65-25 Terminated Source of Income** – Policy for treatment of terminated source of income was clarified when adding a person to a case. Also, added clarification that verification of the terminated source income and the last date it was received must be provided or the application must be denied or the case closed.

Income is considered a terminated source of income when the final payment of income is received in the month prior to, the month of, or the month following the month of:

- The application is received;
- The 6 month review is due;
- ~~When adding a person to a case~~
- ~~When a~~ The case changes from Waived Co-pay to Co-pay.

If at application, 6 month review, ~~adding a person~~ or when a case changes from Waived Co-pay to Co-pay and the caretaker indicates income has ended from any source, the caretaker must provide verification of the terminated source and the last date it was received. Since income eligibility is determined prospectively, this income would not be used as it is not an ongoing source of income and will not be received during that certification period.

**Note:** If verification of the terminated source income and the last date it was received is not provided, the application must be denied or the case closed.

If a caretaker is requesting child care for the month prior to the month of application and the caretaker indicates income has ended from any source, the caretaker must provide verification of the terminated source and the last date it was received. All actual gross income is received in the prior month is used to determine eligibility for the prior month including terminated sources of income.

When adding a person to an ongoing case and the caretaker indicates the added individual's income ended from any source, the caretaker must provide verification of that individual's terminated source of income and the last date it was received. That income would not be used as it is not an ongoing source of income and will not be received during the remainder of the certification period.

**Note:** Gross income of existing individuals in the case continues to be counted until the next review whether or not the existing individual's income terminates.

If a caretaker in an ongoing case reports that income from a specific source is terminated, no changes in income are made as changes in income do not affect eligibility during a certification period.

**21. 400-28-65-30-05, Overview (Allowable Income Deductions) –**

Added clarification that child/spousal support paid, including arrearages are the only allowable deductions from gross earned income for the Child Care Assistance Program.

Allowable deductions are deducted from gross countable income. Allowable deductions must be verified. If the allowable deductions are not verified, they cannot be allowed.

The only allowable deduction from gross countable income is court ordered child/spousal support paid, including arrearages.

If a prior month is being requested, actual deductions paid during the month are used.

A household must be given the opportunity to verify allowable deductions. If a household has been given that opportunity and does not provide the verifications, the case is processed without consideration of the claimed deductions.

If deductions are not provided when requested, but provided after the case has been processed, the deductions cannot be used. The household will be given the opportunity to claim those expenses at the next application, 6 month review and when a case changes from Waived Co-pay to Co-pay to provide current information.

If a household member was being allowed deductions and leaves the household, the allowable deduction is removed when the household member is removed.

**22. 400-28-65-30-10 Child/Spousal Support Deduction – Added** wording for consistency purposes.

Court ordered child or spousal support paid, including arrearages, are allowable deductions. Any other private arrangement for child/spousal support being paid, which are not court ordered is not allowed even if the individuals have a mutual agreement.

Court ordered child or spousal support payments made to an individual outside the home or to an agency must be allowed even if the child or spouse for whom the support was paid is a household member.

If child or spousal support is being withheld from income as a result of a court order (income withholding) and this is reflected on the paystubs and the child support is going to the ND State Disbursement Unit, any other disbursement unit or Clerk of Court (which verifies that it is actually being received by that unit), use the amount on the paystub and the obligor's pay date to determine the date paid. In this situation, the obligor has paid the monies per the court order and how long it takes the employer to get the monies to the ND State Disbursement Unit, other disbursement unit or Clerk of Court and when the monies are released to the obligee does not affect the fact that the obligor has paid and for Child Care Assistance Program (CCAP) purposes will be considered paid at the time the monies are taken from the paycheck.

If court ordered child support or spousal support is being paid directly by the obligor to a the ND State Disbursement Unit, any other disbursement unit or Clerk of Court verification of monies being

received by the ND State Disbursement Unit, any other disbursement or Clerk of Court must be provided. In this situation, CCAP will consider that the obligor has paid the monies when the monies are received by the ND State Disbursement Unit, any other disbursement unit or Clerk of Courts.

If the obligor's income is from a new source and there are no actual pay stubs that reflect the amount of court ordered child or spousal support being deducted, the court order, information obtained through FACES, another disbursement unit, or clerk of court would be used.

23. **400-28-65-30-15 Garnishments from Income** – Added Veteran's Administration benefits to the types of benefits that may have garnishments.

Any garnishments – whether from earned or unearned income - are not excluded. The total gross income (to include the amount garnished) must be counted.

Overpayments being deducted from payments such as Social Security Disability, Survivors and Retirement, and Supplemental Security Income (SSI), and Veteran's Administration (VA) overpayments being deducted from benefits are normally considered to be available because the applicant or recipient can pursue a waiver of the overpayment. Only if the waiver has been denied after a good faith effort, can the overpayment deductions be considered unavailable.

Occasionally other delinquent debts owed to the federal government may be collected from an individual's benefit. These other reductions of benefits are not allowed to reduce the countable benefit amount. The award amount of the benefit is counted as available.

24. **400-28-70, Converting Income and Allowable Income Deductions**
- Changed the title of this section as a section must be added for Allowable Income Deductions and these must be converted if paid weekly or biweekly.

25. **400-28-70-05, Converting Income** – Renumbered to change this section to a chapter within the 400-28-70 book and added information to the 3<sup>rd</sup> paragraph defining how to convert weekly and bi-weekly income when an individual does not receive a paycheck each pay period in a month.

Income for the Child Care Assistance Program (CCAP) is converted to a monthly income. Income must be converted for all cases where income (both earned and unearned) is received either weekly or biweekly.

Income conversion does not apply to the following:

- Income for individuals who have a Waived Co-pay as income is not counted
- Self-employment income
- Child support income
- When eligibility is being determined for the month prior to the application month
- Individuals paid monthly, semi-monthly, or irregularly

**Note:** Tips, commissions, monthly bonuses or incentive that are paid monthly, semi-monthly, irregularly and are not included on the paystub are not converted. The tips, commissions, monthly bonuses or incentives must be counted separately as earned income.

For regular income if an individual is paid weekly or bi-weekly but did not receive a pay check for each pay period, the wages must still be converted. To convert the wages in this situation, total the number of paychecks received and divide by the number of checks to arrive at either a weekly or bi-weekly amount.

Tips, commissions, monthly bonuses or incentives that are paid weekly or biweekly and included on the paystub must be converted.

To convert weekly earnings, total the weekly checks and divide by the number of checks to arrive at the weekly average. The weekly average is then multiplied by 4.3.

To convert biweekly earnings, total the biweekly checks and divide by the number of checks to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.

When an individual begins a new job, or has a change in the number of hours employed and the employer verifies a range of work hours, the greater number of work hours verified must be used to determine the income for the caretaker.

26. **400-28-75-05 Determining Income for the Month Prior to the Month of Application** – Added clarification that gross income is used to determine income eligibility.

If the caretaker requests child care for the month prior to the month of application, all countable gross income received in the prior month is used including income from a terminated source. Eligibility for the month prior to the month of application is based on actual income.

27. **400-28-75-10, Prospecting Income for the Certification Period** – Added clarification that gross income is used to determine income eligibility and that either earned or unearned income must be determined prospectively. Also removed the last paragraph as this information is addressed elsewhere in the manual.

Gross income, **either earned or unearned**, must be determined prospectively because eligibility is determined for a specific certification period. The gross income used to issue the certificate must be reflective of the gross income for the period of time the certificate covers.

Each source of non-exempt income received by the household must be considered separately to determine what the prospective income from that source will be.

Determining prospective income includes converting earned and unearned income.

**Exception:** Child Support income is not converted.

~~Use the child support income from the month prior to application, 6 month review, when a person enters the home, or a case goes from~~

~~Waived Co-pay to Co-pay unless all child support payments have been received in the current month.~~

~~**Note:** When changing a case from Waived Co-pay to Co-pay, child support assigned or received in the final month of TANF is used as prospective income.~~

**28. 400-28-75-15, Determining Prospective Income at Application-**

Added clarification that gross income is used to determine income eligibility. Also, added clarification that verification of the gross income that must be used to determine eligibility must be provided or the application must be denied.

All gross earned and unearned income received in the month of application through the date the application is received in the county social service office must be verified and documented.

All gross earned and unearned income received in the month prior to the application month must be verified and documented.

If all gross income for the month of application from a specific source is available and reflects a full month's worth of income and the caretaker does not anticipate any changes, that income must be verified ~~and used for all months of the certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income is used for all months of the certification period including the application month.
- If the caretaker does not provide the verification in the allotted timeframe, the application must be denied.

~~If all income from a specific source is available for the month of application and the caretaker claims a change in gross income for the next month, the caretaker must provide verification of anticipated gross income for the next month as changes in anticipated gross income must be verified.~~

If all gross income from a specific source is not available for the application month, and the gross income from the prior month reflects a full month's worth of income and the caretaker does not anticipate

any changes, the prior month's gross income must be verified and ~~used for all months of the certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income is used for all months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the application must be denied.

If the caretaker does not anticipate the prior month's or application month's gross income from a specific source to be reflective of the next month's income, the caretaker must provide verification of anticipated income for the next month as any changes in anticipated income must be verified, ~~and that income must be used for all months of the new certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income is used for all months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the application must be denied.

If the caretaker does not anticipate the gross income from a specific source for the prior month, application month or the month following the month of application to be reflective of the monthly income for the certificate period, the caretaker must provide verification of what the monthly income will be for the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income is used for all months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the application must be denied.

29. **400-28-75-20-05, Determining Countable Income When Review Form is Received Timely** - Added clarification that gross income is used to determine income eligibility. Also, added clarification that verification of the gross income that must be used to determine eligibility must be provided or the case must be closed.

If the gross income from a specific source for the month prior to the month the review form is submitted reflects next month's income and the caretaker does not anticipate any changes, that income must be verified. ~~and used for all months of the certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all months of the new certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income for the month of review from a specific source is available and reflects a full month's worth of income and the caretaker does not anticipate any changes, that income must be verified ~~and used for all months of the new certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all months of the new certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If the caretaker does not anticipate the prior month's or month of review's gross income to be reflective of the next month's income, the caretaker must provide verification of anticipated income for the next month. ~~and that income must be used for all months of the certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all months of the new certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If the caretaker does not anticipate the gross income from a specific source for the prior month, month of review or the month following the month the review is due to be reflective of the monthly income for the certificate period, the caretaker must provide verification of what the monthly income will be for the new certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income is used for all months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

30. **400-28-75-20-10, Determining Countable Income When Review Form is Received After Case Closed** – Added clarification that gross income is used to determine income eligibility. Also, added clarification that verification of the gross income that must be used to determine eligibility must be provided or the case must be closed.

When a case closes for no review and the review form is submitted in the month following the case closure, if all the gross income from a specific source is available for the month the review form is submitted, the income reflects a full month's income and the caretaker does not anticipate any changes, that income must be verified.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all months of the new certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the review, which is used as an application, must be denied.

If all gross income from a specific source is not available for the month the review form is submitted, the income from the specific source for the month prior to the month the review form is submitted must be obtained. If that income reflects next month's income and the caretaker does not anticipate any changes, that income must be verified and used for all months of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all months of the new certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the review, which is used as an application, must be denied.

If the caretaker does not anticipate the gross income from the prior month's income or month the review was received to be reflective of the next month's income, the caretaker must provide verification of anticipated income for the next month and that income must be used for all months of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all months of the new certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the review, which is used as an application, must be denied.

If the caretaker does not anticipate the gross income from a specific source for the month prior to the month the review form was received, the month the review form was received, or the month following the month the review form was received to be reflective of the monthly income for the certificate period, the caretaker must provide verification of what the monthly income will be for the new certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income is used for all months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the review, which is used as an application, must be denied.

**31. 400-28-75-25, Determining Prospective Income for Persons**

**Added or Removed** - Added clarification that gross income is used to determine income eligibility. Also, added clarification that verification of the gross income that must be used to determine eligibility must be provided or the case must be closed.

The gross income of an individual being removed from the household is no longer counted effective the month the individual is deleted from the household.

The income of individuals being added to the household must be considered effective the month they are added.

If adding and removing persons at the same time:

- The income for all persons being removed is no longer used
- The income of all persons added is used
- The new household size must be determined
- The income of the existing household members remains unchanged
- The change in the household's income and household size is applied to the Child Care Sliding Fee Schedule.

If all gross income from a specific source is available for the month the individual entered the home and the individual does not anticipate any changes, that income must be verified ~~and used for all the remaining months of the certificate period. If the individual claims the~~ a change in income, the caretaker must provide verification of the anticipated income for the next month and that income must be used for the remaining months of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for the remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income from a specific source is not available for the month the individual entered the home, ~~but~~ the income from the prior month reflects next month's income and the individual does not anticipate any changes, that income must be verified ~~and used for all~~

~~remaining months of the certificate period. If the individual claims the prior month's income is not reflective of the next month's income, the caretaker must provide verification of anticipated income for the next month and that income must be used for all remaining months of the certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income must be used for the remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

~~If all gross income from a specific source is available for the month the individual entered the home or the prior month and the individual anticipates a change in income for the next month, the caretaker must provide verification of anticipated income for the next month and that income must be used for all remaining months of the certificate period.~~

- If the caretaker provides the verification in the allotted timeframe, that income must be used for the remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income from a specific source for the month the individual entered the home, the month prior to the month the individual entered the home or the month following the month the individual entered the home is not reflective of the income for the remainder of the certificate period, the caretaker must provide verification of anticipated monthly income for the remainder of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income is used for the remainder of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

**32. 400-28-75-30 Determining Prospective Income When Changing from Waived Co-pay to Co-pay** - Added the following clarifications:

- Gross income is used to determine income eligibility.
- Reworded this section to clarify that countable gross income used to determine eligibility when changing from Waived Co-pay to Co-pay is the same as what is used at Application, 6 Month Review or Adding a Person.
- Verification of the gross income that must be used to determine eligibility must be provided or the case must be closed.

When an ongoing Child Care Assistance Program (CCAP) case is receiving TANF, Diversion or Crossroads and that program is closed, the CCAP case is changed from Waived Co-pay to Co-pay the month following the month the TANF case closes. ~~Because~~ Since the CCAP case will be changed from Waived Co-Pay to Co-pay, income must be used to determine eligibility.

If all gross income from the final month of TANF, Diversion or Crossroads is available, the income reflects a full month's income and the caretaker does not anticipate any changes, that income must be verified.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income from a specific source is not available from the final month of TANF, Diversion or Crossroads, the income from the specific source for the month prior to the final month of TANF, Diversion or Crossroads must be obtained. If that income reflects next month's income and the caretaker does not anticipate any changes, that income must be verified and used for all months of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for the remaining months of the certification period.

- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If the caretaker does not anticipate the gross income from the final month of TANF, Diversion or Crossroads or the month prior to the final month of TANF, Diversion or Crossroads to be reflective of the next month's income, the caretaker must provide verification of anticipated income for the next month and that income must be used for all months of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all the remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income from a specific source from the final month of TANF, Diversion or Crossroads or the month prior to the final month of TANF, Diversion or Crossroads is not reflective of the income for the remainder of the certificate period, the caretaker must provide verification of anticipated monthly income for the remainder of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income is used for the remainder of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

~~Income that would have been available to the household in the final month of TANF, Diversion or Crossroads must be reviewed. If this specific source of income is reflective of next month's income, the income must be used for all remaining months of the certificate period.~~

~~If the income is not reflective, the caretaker must provide verification of the anticipated income for next month and that income must be used for all remaining months of the certificate period.~~

33. **400-28-75-35, Determining Prospective Income When Changing from Co-pay to Waived Co-pay** – Added clarification that the certificate must be updated effective the month the TANF, Diversion or Crossroads is approved.

When an ongoing Child Care Assistance Program (CCAP) case is approved for TANF, Diversion or Crossroads, , the case is considered a Waived Co-pay case and the certificate must be updated effective the month the case is approved for TANF, Diversion or Crossroads.

**Note:** The income does not count and must be removed from the system when changing the grant type in the CCAP payment system to T (TANF), L (Transition), C (Crossroads) or D (Diversion).

34. **400-28-75-45, Income Levels** – Removed and added wording for clarification purposes.

The income level does not apply to TANF, Crossroads, or Diversion cases as income for these cases is not counted. The income level applies to Co-pay cases.

Gross income is the income before any deductions. The gross income, earned and unearned, of all household members will be used for the Child Care Assistance Program (CCAP) including the members in a loco parentis household, stepparent, and unmarried couples where paternity of at least one child in common is acknowledged or adjudicated.

~~Net~~ Countable income is determined by taking the gross countable income and deducting court ordered child and/or spousal support.

The ~~net~~ countable income and household size of the family is matched against the Child Care Sliding Fee Schedule to determine if a family meets the income level for CCAP.

The household's income must be tested against the income level and applied to the Child Care Sliding Fee Schedule at initial application, 6 month review, when adding and removing household members and when a case changes from Waived Co-pay to Co-pay.

If the household size and net countable income exceeds the income limit on the Child Care Sliding Fee Schedule based on the household size, the household is not eligible and the following action must be taken:

- At application, the application will be denied
- At 6 month review, the case will be closed
- When adding person(s) or removing person(s) ~~at the same time~~, the case would be closed.

35. **400-28-75-50 When Income and Allowable Income Deductions are is Verified and Changed** – Changed the title of this section to included allowable income deductions and clarified that gross income is counted.

Verification of gross income and allowable income deductions for all household members is required at application, 6 month review, or when a case changes from Waived Co-pay to Co-pay.

**Note:** If the allowable deductions are not verified, they cannot be allowed.

When adding a household member, only the household member who is being added must verify their gross income and allowable income deductions. No change in income is made to the income of the already existing household members.

When removing a person, the gross income and allowable income deductions of the person being removed is deleted for the same month the individual is being removed from the case.

When a case goes from Co-pay to Waived Co-pay, the gross income and allowable income deductions does not count and must be removed from the system.

36. **400-28-80-25, Absent Days for Illness** – Added clarification that hours are allowed for caretakers who are students if the provider charges for time during a break of less than a full calendar month between terms.

Up to 16 hours per calendar month can be allowed for a child who is absent from the day care setting for reasons of illness or while they

attend medical appointments if the provider normally requires payment to maintain the spot of a child absent for those reasons.

**Note:** Medical documentation and verification of hours the caretaker was in the allowable activity on the absent days is not needed for absent days unless fraud is suspected.

The days and number of hours per day that the child was absent because of their illness or to attend medical appointments must be listed on the Child Care Billing Report form.

Hours will not be allowed when:

- The provider is absent for any reason (e.g. such as medical, holiday, vacation, temporary illness);
- The caretaker(s) is absent from the allowable activity for any reason (e.g. such as medical, holiday, vacation, maternity leave, temporary illness)

**Note:** Hours are allowed for a caretaker who is a student during breaks of less than a full calendar month between terms, **if** the provider charges for time during the break.

37. **400-28-85-05, Overview (Level of Care)** - Added clarification to the second bullet to indicate a schedule of the caretaker's participation in an allowable activity is needed in order to determine the Child's Level of Care.

The Level of Care is used to determine whether a child needs full-time, part-time or hourly child care.

- If the child is not school age that child's Level of Care is based on the caretaker's allowable activity hours.
- If the child is attending any type of school (Headstart, preschool, elementary, etc), that child's school schedule and caretaker's allowable activity schedule is needed to determine their Level of Care.

38. **400-28-85-10-10 Child in School** – Added clarification that need must be established for a child before the 9 hours per week can be added.

A school age child is considered a student year round. If the child is school age, the time they are required to be at child care is based on the child's school schedule and the caretaker's allowable activity hours.

The number of weekly hours that a school aged child is required to be at child care is calculated by comparing the child's school schedule with the caretaker's allowable activity.

When a school age child is determined to have a child care need aAn additional 36 hours per month will be added for days there is no school. 36 divided by 4 equals 9. The 9 hours a week are added to the child's weekly hours.

The total weekly hours will determine the Level of Care from the Child Care Sliding Fee Schedule. The Level of Care determination is entered on the certificate.

Payment of the costs for the hours of child care exceeding the Level of Care determination for the child will be the responsibility of the family.

39. **400-28-90-10 Determination of Family Monthly Co-pay** – Removed 'net' from countable income as we will no longer refer to countable income as net countable income.

For each family subject to Co-pay, the Family Monthly Co-pay must be determined. Family Monthly Co-pay is determined by using the ~~net~~ countable income (gross monthly income less child/spousal support expenses) and household size which is then compared to the Child Care Sliding Fee Schedule. The Child Care Sliding Fee Schedule contains a Co-pay column for each income range and household size level.

40. **400-28-90-20 Waived Co-pay Families** – Changed State Maximum Monthly Share to State Rate.

The Co-pay requirement for certain families with very low income will be waived and their child care paid up to the State ~~Maximum Monthly Share Rate~~. These include:

- Families receiving services through the Crossroads Program
- Ineligible/SSI children whose caretaker is receiving TANF or Diversion
- Families receiving TANF or Diversion

**Note:** Payment of child care is subject to Co-pay when the child care is a result of an activity for a TANF caretaker who is:

- In receipt of SSI
- A Disqualified Alien or
- An ineligible non-legally responsible caretaker

Families not subject to the Co-pay requirements are not subject to the income requirements. Child care for the eligible child is paid up to the State Rate. These families do not have to provide verification of their income in order for their eligibility to be determined.

**41. Child Care Assistance Program (CCAP) Payment 400-28-100-15 -**  
Changed State Maximum Monthly Share to State Rate.

The amount paid by the Child Care Assistance Program is the **lesser of** the State Rate ~~Maximum Monthly Share~~ or the actual amount billed for that month minus the Family Monthly Co-pay.

**42. 400-28-105-10, In Home Child Care Due to Illness/Disability -**  
This section is being deleted as it is being moved to 400-28-35-30.

~~In home child care will be allowed and must be approved for the following instances as approved by Child Care Assistance Program (CCAP) State Administrator **prior** to care being provided:~~

- ~~1. If a child's health would be at risk, written documentation from a health care professional must be submitted to CCAP State Administrator satisfactorily demonstrating the health risk to the child if the child is taken to an outside provider, or~~
- ~~2. For a disabled child, written documentation must be provided to the State Child Care Office demonstrating that the child's disability is such that taking the child to an outside provider creates an undue hardship.~~

~~**Note:** In home child care must be paid at federal minimum wage.~~

~~A family who chooses in-home care in these situations will be eligible for payment for CCAP based on the same criteria as other families who have out-of-home providers.~~

**43. 400-28-105-20-05, Record Keeping by Approved Relatives –**

Clarification was added to this section to indicate that Approved Relative providers have a requirement to maintain a record of attendance the same as is required for all types of providers.

The An approved relative provider is required to maintain attendance ~~to keep sign-in/sign-out~~ records for each child receiving child care assistance. To accomplish this, the provider may use ~~S~~sign-in/sign-out records ~~must to~~ indicate the child's name, the date, the hour, and the minute when the child enters and leaves the provider's care. The provider shall make ~~sign-in/sign-out~~ the attendance records available to state and county social services upon request. The provider shall manage ~~sign-in/sign-out sheets~~ the attendance records in a manner which protects the identity of families receiving assistance.

**44. 400-28-105-25, Qualified Providers for Payment –** Added clarification to the second paragraph that the applicant has an option to find another provider.

Child Care Assistance Program applications cannot be approved and a certificate cannot be issued or updated unless the provider is licensed, Air Force Base licensed, under self-declaration, an approved relative, provider, or registered by a Tribe.

If the provider is not licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe, and the provider will not complete that process within the processing time frame for an application, the caretaker must find another provider who is licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe or the application must be denied.

Child care will go back to the first of the month in which the provider's licensed, Air Force base license, under self-declaration, an approved relative provider, registered by a Tribe is effective.

If an applicant applies and requests child care for a prior month and the provider's licensed, Air Force Base license, under self-declaration, an approved relative provider, registered by a Tribe was not effective in that prior month, payment cannot be made to that provider.

If the provider's licensed, Air Force Base license, self-declaration, approved relative provider, registered by a Tribe expiration date is during a month, payment for that month can only be up to the expiration date. Any care provided following expiration date of their status, **cannot** be paid. The case must be closed at the end of the month if there are no other providers.

45. **400-28-105-30 Provider Allowance for Parental Caretaker Access** – Changed 'parental' to 'caretaker' as the caretaker may not always be a parent.

Based on Federal law, a the provider must allow unlimited parental caretaker access to the parent's caretaker's children while the child is in the provider's care. Therefore, the caretaker must be allowed access to their children while in the provider's care.

46. **400-28-115-10 Caretaker and Provider Contract for Services** – Added clarification in the second bullet that CCAP will not be paid when the caretaker is absent from their allowable activity.

When a caretaker chooses a child care provider, there is generally a contract outlining what is expected of the family for situations of absences, holidays, vacations, and termination of services.

A contract detailing the conditions related to payment for unscheduled absences, holidays and vacations, as well as termination of services is often entered into between a caretaker and the child care provider chosen. The Child Care Assistance Program (CCAP) is neither a party of nor subject to any contract or any terms therein included.

- CCAP will not be paid while the provider is absent for any reason (e.g. medical, holiday, vacation, etc.)
- CCAP will not be paid while the caretaker(s) is absent from participating in their allowable activity for any reason (e.g. medical, temporary illness, holiday, vacation, etc.)

- CCAP pays for child care for a child's absence if the absence meets the criteria in Section 400-28-80-25, Absent Days for Illness section of this manual

A contract may require that a notice of termination be given and the provider may request payment for that period of time. CCAP will not reimburse costs incurred because of a termination agreement unless the child was present and was provided care during that period of time.

Providers must **NOT** charge CCAP caretakers more than they are charging their lowest charged private pay families.

47. **400-28-115-15, Caretaker Access** - Deleted this section as this information was added to 400-28-105-30.

~~By federal law, a caretaker must be allowed unlimited access to the children while in care and to the providers caring for the children during normal hours of provider operation.~~

48. **400-28-120-15, Certificate Time Frames** – Added clarification to the second bullet that a 2 month certificate would only be issued in this situation if the child care was used as a deduction from income for TANF.

Certificates are issued for a six month period of time with the following exceptions:

- Month prior to the month of application (one month certificate); and
- The 2 final months of TANF when the child care expenses were used as a deduction from income for TANF (one or two month certificates).

49. **400-28-125-15, Known Information to Agency** – Added clarification that information is 'known to the agency' if it is reported for any other program.

Known information to the agency is information that the eligibility worker receives from other programs or outside sources instead of from the caretaker. This includes information reported for other programs verbally, in writing, or listed on forms received for another program.

**Note:** An IEVS (Income Eligibility Verification System) hit is not considered known information. The verifications submitted resulting from the IEVS match is deemed known information.

Actions required to be taken following the receipt of 'known information' may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the CCAP system
- Updating the certificate(s) if the certificate(s) must be updated
- Closing the case if the case must be closed
- Document in case file actions taken

The eligibility worker must document the date they became aware of the 'known information'.

If the known information results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

50. **400-28-127-05, Moving Within the County** - Clarified the last sentence in this section to indicate the current certificate may remain in effective as it may need to be changed.

When the caretaker moves and the change of address is within the same county, the eligibility worker must update the address in the Child Care Assistance Program system. The current certificate may remains in effect.

51. **400-28-130-05, Child Care Billing Report** – Added information regarding the caretaker's responsibility to complete the Child Care Billing Report form.

Child care costs must be verified monthly using the SFN 616, Child Care Billing Report form. It is the responsibility of the child care provider and the caretaker, ~~not the family~~, to complete the billing form each month.

- The child care provider ~~The billing form must show list~~ the **ACTUAL** number of hours the child was in their ~~of child~~ care.

- The caretaker must list the **ACTUAL** number of hours the child needed care while the caretaker participated in their approved allowable activity(including travel time).

Both the caretaker and the provider are required to sign and date the billing report form **AFTER** the form has been completed.

It is the caretaker's responsibility to make sure the form is complete, to review the form for errors and for providing all the information needed in order for the payment to be made.

The caretaker may choose to let the provider submit the billing report form to the county social service office, however, it is the caretaker's responsibility to make sure a completed billing report form is submitted to the county social service office.

Child care Billing Report forms received by the county that are not completed should be returned to the caretaker for completion.

If a provider or a caretaker is not available for signature on the billing report form, the eligibility worker will be expected to explore all avenues of locating the person who needs to sign the form. If it is reasonable that the billing report form is complete and accurate and the person's whose signature is needed cannot be located or a third party will attest to its accuracy, payment can be made without the signature. All actions taken must be documented.

52. **400-28-155-20 Benefits Pending a Fair Hearing** – Changed 'applicant' to 'recipient' in the second paragraph as a case will only remain open when a recipient appeals. Also clarified that the appeal must be made within 10 days in order for benefits to continue at the previous level or to suspend recoupment of overpayments.

If an application was denied and client requested a fair hearing, the denial remains in effect.

If an ~~applicant~~ recipient appeals a decision within 10 days from the date of the notice of adverse action, the case remains open and payment is issued at ~~that~~ the same level through the end of the

current certification period. If the case has already closed, the case would need to be reverted to open.

If a fair hearing has not been heard at the time the caretaker is due for a 6 month review, the review is completed and a new Co-pay, State Rate, and Level of Care is established for the new certification period.

If the client disagrees with the new Co-pay, State Rate, payment amount, and Level of Care, that is a separate appealable issue.

~~If the caretaker is appealing a closing notice, the case must be reverted to open and benefits continue to be paid at the same level that was established during the certification that was in effect at the time of the appeal.~~

If the caretaker is appealing an overpayment within 10 days from the date of the notice of the overpayment, the overpayment will be suspended until the outcome of the appeal has been determined.

If the caretaker is appealing a payment amount within 10 days from the date of the notice of adverse action, the caretaker's Co-pay, State Maximum Monthly Share and Level of Care remain at the same level that was in effect at the time of the appeal.

**53. 400-28-160-15, Types of Intentional Program Violation (IPV) –**

Removed some information regarding the waiver of hearing in this section and included the information in section 400-28-160-25.

An IPV disqualification can be established in the following two ways:

1. Administrative Disqualification Hearing (ADH) is pursued when an individual is suspected of intentionally withholding information that results in improperly establishing or maintaining eligibility for Child Care Assistance Program (CCAP) benefits. ADH procedures should be initiated in instances when there is sufficient documentary evidence to substantiate that an individual has committed one or more acts of IPV.

- ~~Waiver of Hearing~~—An individual has the right to waive an Administrative Disqualification Hearing. The eligibility worker

must possess sufficient evidence to warrant holding a disqualification hearing before allowing an individual to waive the hearing.

- ~~Waiver A — Allows an individual to admit to the facts and accept the disqualification period.~~
- ~~Waiver B — Allows an individual to accept the disqualification without admitting to the facts.~~

~~In order to waive their Administrative Disqualification Hearing, the individual must sign either part A or B of the waiver located on the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.~~

~~-~~

~~A signed waiver is a statement that the household has been informed a disqualification penalty will result.~~

2. Court Conviction – Fraud is a result of an individual being convicted in federal or state court of having made a fraudulent statement or representation which results in improperly establishing or maintaining eligibility for Child Care Assistance Program benefits.

Upon receipt of the judgment:

- If the judgment includes a CCAP disqualification period, impose the disqualification following the CCAP disqualification time frames. (See Section 400-28-160-35, Disqualification Time Frames)
- If the judgment indicates a disqualification period will NOT be imposed, the judgment must be followed and a disqualification period cannot be imposed.
- If the judgment does not include a disqualification period or is silent as to a disqualification period, the eligibility worker must forward the following information to the Appeals Supervisor to process the findings under the IPV provisions:
  - Criminal Complaint
  - Judgment or Order and

- A cover letter detailing the violation and providing the name, address, and Social Security Number. Inclusion of any prior disqualifications should also be noted.

Regardless of the type of IPV, the appropriate notice must be sent to the household notifying the household that an individual is disqualified and/or assistance will be reduced or ended. The conviction and disqualification information and copies of supporting documents (including conviction information) must be recorded in the case file. If a disqualified person moves from one county to another, include disqualification information in the case transfer information.

After a disqualification hearing, there are no further appeal procedures available through the Administrative Hearing Process. The determination of IPV cannot be reversed by a subsequent hearing. The individual, however, is entitled to seek relief in a court of appropriate jurisdiction. The period of disqualification may be subject to stay or other action which would delay the imposition of the disqualification.

54. **400-28-160-25, Initiating Administrative Disqualification Hearing Process** – Added information that was deleted from 400-28-160-15 regarding the waiver of hearing.

The Administrative Disqualification Hearing process should be initiated in instances when there is sufficient documentary evidence to substantiate that an individual has committed one or more acts of IPV. The following procedures are recommended:

1. The county social service office shall complete the first portion of SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.

Indicate the household member against whom there is evidence of a violation. In most instances this will be the household member who has completed the application, review or change report form, child care billing report form or any other appropriate materials used in the eligibility process containing the false information.

If there is more than one caretaker in the case, IPV can be pursued against one or both of the caretakers. A separate SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation must be completed for each caretaker for whom IPV is being pursued.

When completing the 'description of evidence' section of the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation form, be brief and to the point. Address the specific household member. Identify what the household member misrepresented, as well as when and how. Describe what is believed to be the true information and where the information came from.

**Note:** If more room is needed, use a second sheet.

2. The eligibility worker shall contact the individual and arrange an appointment to meet and discuss the issue.
  - If the individual suspected of an Intentional Program Violation attends the meeting, the individual shall be given a copy of the DN 1087, Legal Service Organizations form. This serves to meet the federal requirement that individuals being considered for Administrative Disqualification be notified of the availability of free legal assistance.
    - If during the meeting it is determined there was no Intentional Program Violation, SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is placed in the case file with a notation that it was not forwarded for further action along with a summary of the explanation as provided by the individual. However, any overpayments must still be established and recovered.
    - If during the meeting, the county believes the violation did occur and the individual has no satisfactory explanation, SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is to be given to the individual, along with an explanation and the consequences relating to the signing of Part A or B of the Waiver of Hearing.

- Waiver A - Allows an individual to admit to the facts and accept the disqualification period.
- Waiver B – Allows an individual to accept the disqualification without admitting to the facts.

In order to waive their Administrative Disqualification Hearing, the individual must sign either part A or B of the waiver located on the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.

A signed waiver is a statement that the household has been informed a disqualification penalty will result.

The eligibility worker must explain that signing Part A or B of the Waiver of Hearing will result in specific program disqualification:

- 12 months for a 1st violation,
- 24 months for a 2nd violation, and
- Permanently for 3rd and any subsequent violation.

Continued eligibility for Child Care Assistance Program (CCAP) requires that at least one member of the household retains CCAP eligibility.

Only the individual(s) found to have committed the violation or who signed the waiver or the consent agreement in court cases, and not the entire household, shall be disqualified. The disqualified individual's income and allowable deductions will continue to be used in determining eligibility and benefit amount.

- If during the meeting the individual suspected of an Intentional Program Violation signs the Waiver of Hearing:
  - Provide the individual a copy of SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation; and
  - Mail the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, detailing the violation to the Appeals Supervisor, North Dakota Department of Human

Services, Judicial Wing, 600 East Boulevard Avenue,  
Bismarck, ND 58505-0250.

**Note:** If Part B is signed, a cover letter detailing why the individual signed Part B rather than Part A must also be sent to the Appeals Supervisor.

- If during the meeting, the individual suspected of an Intentional Program Violation refuses to sign the Waiver of Hearing:
  - Explain that a hearing will be held, usually by telephone, unless they request that a hearing officer be present as indicated on the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.
  - Give the individual a copy of the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.
  - Mail the original along with a letter detailing the violation, copies of relevant parts of the application, review, change report form, child care billing report form and other supporting documentation obtained, etc., to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

**Note:** It will not usually be necessary to copy the entire application or review as long as it is identified.

3. If the individual suspected of an Intentional Program Violation fails to respond within 10 days to a request for a meeting or agrees to a meeting but fails to appear for the meeting:
  - Forward the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, along with a letter detailing the violation, to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

Prior to receipt of a disqualification decision, the household will continue to participate at the same benefit level as any other household while awaiting a disqualification decision. The overpayment continues to be collected at the rate of 10%. Full repayment of the overpayment does not stop the disqualification procedure from taking place.